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21730 590 05/29/2009

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| | |
|---|---|
| Angela M. Rossi <i>Angela M. Rossi</i> 7/14/09 | (Depositor's name) (Signature) (Date) |
|---|---|

| APPLICATION NO | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO | CONFIRMATION NO |
|----------------|-------------|----------------------|--------------------|-----------------|
| 10/555,816 | 11/07/2005 | Robert Schegerein | 41052-321928 | 2669 |

TITLE OF INVENTION: RESPIRATOR MASK WITH HYGIENIC PROTECTION

| APPL. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$100 | \$0 | \$1810 | 08/31/2009 |

| EXAMINER | ART UNIT | CLASS SUBCLASS |
|--------------------------|----------|----------------|
| DIXON, ANNETTE FREDRICKA | 3771 | 128-206260 |

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- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Dean W. Russell
2. Kristin M. Crall
3. Kilpatrick Stockton, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

INTERTECHNIQUE

FRANCE

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- ☒ Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Kristin M. Crall
Kristin M. Crall

Date

7/14/09

Typed or printed name

Registration No. 46895

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